

RETAILER CERTIFICATION FORM

Applicant:

When you are at the point of purchasing your new appliance, provide this form to your retailer to fill out.

THIS FORM CAN BE DOWNLOADED AT HTTP://WWW.PLACER.CA.GOV/DEPARTMENTS/AIR/WOODSTOVEREGISTRATION.ASPX

		T	his Section to	be Filled or	ıt by your	Retailer			
Retailer I	Name:								
Address:		,							
Telephon	ne:		Email:						
New App	oliance:			!					
Manufact	turer:			Model:			SN:		
Applianc	e Type:	Gas	Wood	Pellet					
			performed (ma			- '			
			ked out of the love must be lab						
			oved and stove d the door mus						
O	ther met	hod (continge	nt upon Distric	ct pre-appro	/al). Pleas	e describ	e below:	:	
RETAILER: STAFF.	Wood b	URNING APPLI	ANCES REPLAC	EED BY THIS I	'ROGRAM A	ARE SUBJE	ECT TO IN	NSPECTION	N BY DISTRICT
			YED BY THE HO APPLIANCE DES				ON BY D	ISTRICT S	TAFF MUST BE
read and co	omplied tailer co	with the Distractions	f perjury that trict's Burn Bri w District staf	ight Burn R	ight Progra	am guide	lines and	d Retailer	r Certification
Voucher N	umber:		I	Date:					
Retailer (Pi	rint Nam	e)		Retai	ler Signat	ure:			